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CONFIRMATION NO. 5384

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|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/711,385  | <b>FILING OR 371(c) DATE</b><br>09/15/2004<br><b>RULE</b> 1.47  | <b>CLASS</b><br>200           | <b>GROUP ART UNIT</b><br>2832   | <b>ATTORNEY DOCKET NO.</b><br>MASL/58 |                                |
| <b>APPLICANTS</b><br>Bodgan Radu, Dearborn, MI;   |   |                               |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br><i>None</i>  |   |                               |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None</i>   |   |                               |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/18/2004</b>  |   |                               |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MI | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>9              | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>37690   |   |                               |   |                                       |                                |
| <b>TITLE</b><br>FLIP PACK SWITCH ASSEMBLY WITH ELECTROLUMINESCENT LAMP AND INJECTION MOLDING METHOD OF MAKING SAME  |   |                               |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |